

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

10/521631

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						/
52						/
53						/
54						/
55						/
56						/
57						/
58						/
59						/
60						/
61						/
62						/
63						/
64	/	/				/
65		/				/
66		/				/
67		/				/
68		/				/
69		/				/
70		/				/
71		/				/
72		/				/
73		/				/
74		/				/
75		/				/
76		/				/
77		/				/
78		/				/
79		/				/
80		/				/
81		/				/
82		/				/
83		/				/
84		/				/
85		/				/
86		/				/
87		/				/
88		/				/
89		/				/
90		/				/
91		/				/
92		/				/
93		/				/
94		/				/
95		/				/
96		/				/
97		/				/
98		/				/
99		/				/
100	/					/
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						